Before the
FEDERAL COMMUNICATIONS COMMISSION
Washington, DC 20554

Promoting Telehealth for Low-Income Consumers	)	WC Docket No. 18-213

To: The Commission

COMMENTS OF COBANK, ACB

CoBank, ACB ("CoBank") hereby submits these comments in response to the Notice of Proposed Rulemaking adopted on July 10, 2019 by the Federal Communication Commission (the Commission) in the matter of promoting telehealth for low-income consumers. CoBank shares the Commission's interest in telehealth solutions for low-income consumers living in rural communities. Over the past two years, we have committed to over $600,000 in grants to support telemedicine projects in rural communities to address Type-II diabetes management, maternity care, opioid misuse, and veteran's care. The goal of CoBank's philanthropic support is to catalyze wide spread adoption of telemedicine to increase the level of health care care and the availability of broadband service in rural communities and decrease health care costs.

Based just outside Denver in Greenwood Village, CO, CoBank is a national cooperative bank with a mission to provide dependable credit and other value-added financial services to agriculture and rural infrastructure businesses. CoBank is a proud member of the Farm Credit System, a national network of cooperative banks and retail lending associations chartered by Congress to support the borrowing needs of U.S. agriculture and the nation's rural economy.

CoBank shares the goal of the outlined in this NPRM which is to promote the use of connected care services among rural low-income households and low-income veterans. In our limited experience in supporting the efforts to promote the adoption of telehealth, we recommend the continued focus of the Universal Service Fund to provide consumers in all regions of the Nation, including low-income consumers and those in rural, insular, and high cost areas, access to affordable telecommunications and information services. Low-income households and low-income veterans need affordable telecommunications and information services to benefit from telehealth, so no telehealth solution will be viable without supporting the broadband infrastructure to deliver universal service in rural high cost areas.

CoBank appreciates the opportunity to share the experiences and observations from the telehealth pilot programs we are supporting to address the various questions posed in the NPRM about the proposed Pilot Program. Please note that while CoBank is sponsoring the expansion of the Veterans Affairs (VA)Virtual Living Room[sm] initiative[1]; please refer to the comments from

[1] https://www.ntca.org/ruraliscool/newsroom/press-releases/2019/7/foundation-rural-service-launches-virtual-living-roomsm

NTCA-The Rural Broadband Association to this NPRM for details on how the proposed Pilot program would interact with the Virtual Living Room[sm] program.

Rural Telehealth Initiative: Lessons Learned from First Pilot Program

In January 2018, CoBank sponsored a pilot program in rural southwest Georgia to facilitate the adoption of connected care with utilizing telehealth in rural communities and to support care for Type 2 Diabetes patients. Perry Health, a healthcare software provider, and Navicent Health, a healthcare provider in Macon, Georgia, recruited 100 rural, low-income patients with uncontrolled Type 2 Diabetes. Many already had experienced or were on the path towards kidney failure, amputation and vision loss with a high risk of expensive emergency room visits and hospitalizations. Each patient received an internet-enabled tablet loaded with Perry Health software that they used to connect with health care teams for clinical support and guidance. They also received a daily interactive care plan structured by the Navicent healthcare team. Patients were responsible for following their daily care plan and logging key health metrics such as blood sugar, diet, medication adherence and daily exercise. This information was then transferred to their local care team in real-time, alerting medical professionals of any patients in need.

The clinical results of this program were strikingly positive. Health improvement in diabetes patients is measured in terms of A1c improvement, a lab test that represents how well a patient is

controlling their diabetes.[2] As of July 2019, 75 percent of the individuals who had finished the program had experienced an A1c improvement. The average A1c improvement among those patients was 2.5 percent, an impressive number considering the average baseline A1c at the beginning of the program for all patients was 11.3 percent.

Throughout their participation, patients also felt more cared for than they had before. One patient offered, "I always felt alone, but this program has made me feel loved for the first time!" Another said, "Having this program feels like having angels looking over me."

The financial benefits of this program are also significant. The cost of Type 2 Diabetes totaled $327 billion in the U.S. in 2018, according to the American Diabetes Association, and the organization estimates that people with diabetes incur medical expenses approximately 2.3 times higher than those who do not. However, as the *Journal for Managed Care and Specialty Pharmacy*[3] notes, for every percentage point that A1c is improved among Medicare patients, there is a resulting healthcare cost savings of more than $99-158 per patient per month, translating to approximately $1,542 per patient per year. For patients covered by commercial insurance, the savings is $67-105 per patient per month.

[2] For reference, A1c is measured as a percentage with discrete ranges for disease level: non-diabetes A1c levels are <5.7%; prediabetes is 5.7%-6.4%; diabetes is >6.5%, and uncontrolled diabetes is >9%.

[3] https://www.jmcp.org/doi/pdf/10.18553/jmcp.2013.19.8.609

Using the average Medicare savings, the average decrease of 2.5 percent for the patients who experienced an A1c improvement in this program means **an estimated reduction in healthcare costs by approximately $3,855 per patient per year and better outcomes.**

It is clear through this pilot that using telehealth to provide a model of continuous care connecting rural patients to their local providers significantly decreases healthcare costs. Most importantly, it improves the quality of life of rural patients, and increases engagement between healthcare providers and their patients. Navicent Health is now expanding the pilot program to reach hundreds of additional patients with diabetes, heart failure, and Chronic Obstructive Pulmonary Disease (COPD).

One of the lessons learned from the pilot was that the patients preferred using their own smart phones as opposed to the tablets provided in the pilot. To expand the pilot program, there is no need to expend resources to pay for tablets and internet connection. Some of the low-income patients included in the initial pilot were eligible for the Lifeline program. In addition, the technical support needed to service the tablets and the internet connectivity in the pilot was burdensome to the healthcare provider.

To expand the adoption of telehealth benefits, CoBank is sponsoring the Rural Telehealth Initiative (RTI) that is delivering additional pilot programs in other rural communities. RTI is an alliance between CoBank, Perry Health and the WTA Foundation, an affiliate of WTA – Advocates for Rural Broadband, which leverages the relationships with rural broadband

providers and their local communities. The additional pilot programs will focus on critical health issues including Type 2 Diabetes, Gestational Diabetes, opioid misuse, Congestive Heart Failure COPD, and hypertension.

The telehealth pilot programs that CoBank has underwritten are in the early stages of implementation, and we are pleased with the initial results. We look forward to sharing the outcomes of the pilots with the Commission in the future.

In Response to Specific Questions in the NPRM

CoBank has the following comments to a select group of questions posed in the NPRM:

Definition of "connected care" and existing uses of connected care technologies

The Commission seeks comments on the proposed definitions of term "connected care" for the purposes of the proceedings: "a subset of telehealth that is focused on delivering remote medical, diagnostic, and treatment-related services directly to patients outside of traditional brick and mortar facilities." CoBank concurs with this definition because it would cover the technology used in RTI. The technology used in the RTI includes a HIPPA compliant software that delivers remote medical, diagnostic and treatment-related services directly to patients outside of traditional brick and mortar facilities. This technology allows for patients to record key metrics, such as blood sugar levels, weight, photos of their meals and receive feedback from their healthcare providers. Patients can send text messages with questions and photos and avoid

traveling to an in-person visit. The healthcare providers receive alerts when their patients are either not responding or have metrics of concern. This software operates on mobile devices or computers, so the internet connection is not restricted to health care. The barrier that the low-income patients in our pilot experienced was the lack of mobile broadband connectivity in their home. As stated previously, in the first pilot we provided internet connected tablets to the patients and the feedback we received was that they preferred to use their mobile devices. The low-income patients were eligible for the Lifeline program, which provides affordable cellphone coverage.

Other Program Structure Considerations

CoBank urges the Commission to coordinate their efforts with the Centers for Medicare & Medicaid Services (CMS) to avoid any conflicts with the new reimbursement codes to support telehealth. In July 2018, CMS proposed three new remote monitoring reimbursement codes in the Physician Fee Schedule. These new reimbursement codes are important advancements to the adoptions of telehealth, but they also add a layer of complexity to comply with the appropriate state and federal healthcare laws to serve low-income patients.

Pilot Program Goals and Metrics

CoBank applauds the Commission highlighting the need to improve health outcomes through connected care; reducing health care costs for patients, facilities, and the health care system; supporting the trend towards connected care everywhere; and determining how USF funding can positively impact existing telehealth initiatives. By issuing the NPRM for a $100 million pilot

program, the Commission has generated enormous positive energy and support for more telehealth initiatives. The potential healthcare savings using telehealth provides another policy rational to support universal broadband to all Americans.

Thank you for the opportunity to share our perspective.

Respectfully submitted,

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